

JUL 11 2005

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To:

NAME:	FACSIMILE:	TELEPHONE:
MS Amendment United States Patent and Trademark Office	(703) 872-9306	(571) 272-1884

FROM: Carolyn McKubre for  
Thomas Chan

DATE: July 11, 2005

Number of pages with cover page:	17	
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Comments: **RESPONSE TO NON-FINAL OFFICE ACTION**

DOCKET NO.: 544782000200

GROUP ART UNIT: 2824

EXAMINER: B. Smith

SERIAL NO.: 10/606,408

FILING DATE: June 25, 2003

INVENTOR(S): Koji INOUE et al.

TITLE: MEMORY CELL AND MEMORY DEVICE

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## Papers attached:

1. Transmittal (1 page)
2. Fee Transmittal w/duplicate copy for fee processing (2 pages)
3. Petition for Extension of Time (1 page)
4. Amendment/Response (12 pages)

pa-993393

PTO/SB/21 (09-04)


Approved for use through 07/31/2008. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application Number	10/606,408
		Filing Date	June 25, 2003
		First Named Inventor	Koji INOUE
		Art Unit	2824
		Examiner Name	B. Smith
Total Number of Pages in This Submission	16	Attorney Docket Number	544782000200

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form + duplicate for fee processing (2 pages) <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (12 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request (1 page) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fax cover sheet
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	MORRISON & FOERSTER LLP (Customer No. 25226)		
Signature			
Printed name	Thomas Chan		
Date	July 11, 2005	Reg. No.	51,543

I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, facsimile no. (703) 872-9306, on the date shown below.	
Dated: July 11, 2005	Signature: <u>C. G. McKubre</u> (Carolyn G. McKubre)

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PTO/SB/17 (12-04v2)

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Effective on 12/09/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b> Application Number 10/606,408 Filing Date June 25, 2003 First Named Inventor Koji INOUE Examiner Name B. Smith Art Unit 2824 Attorney Docket No. 644782000200	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 1,220.00			

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ Note ☐ Other (please identify): \_\_\_\_\_  
☒ Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP  
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☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
19	-20 = 0	x 50.00 =	0.00

Multiple Dependent Claims	
Fee (\$)	Fee Paid (\$)
360.00	0.00

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
5	-4 = 1	x 200.00 =	200.00

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100 =	/50	(round up to a whole number) x		0.00

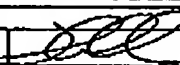
**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1253 Extension for response within third month

**Fees Paid (\$)**

1,020.00

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	51,543
Name (Print/Type)	Thomas Chan	Telephone	(650) 813-5618
		Date	July 11, 2005

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Effective on 12/08/2004.  
 Fees pursuant to the Consolidated Appropriations Act, 2005 (P.L.R. 4818).

**FEE TRANSMITTAL  
For FY 2005**

☐ Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$) 1,220.00

**Complete if Known**

Application Number	10/606,408
Filing Date	June 25, 2003
First Named Inventor	Koji INOUE
Examiner Name	B. Smith
Art Unit	2824
Attorney Docket No.	544782000200

**METHOD OF PAYMENT (check all that apply)**

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**FEE CALCULATION**

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Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
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Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/50	(round up to a whole number) x		0.00

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Other (e.g., late filing surcharge): 1253 Extension for response within third month 1,020.00

**SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	51,543	Telephone	(650) 813-5616
Name (Print/Type)	Thomas Chan	Date	July 11, 2005		

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